

Town of Wilbraham

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the Town of Wilbraham to make payment of any amounts owed to me by initiating credit entries or adjustment entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries or adjustment entries initiated by the Town of Wilbraham to such account and to enter the same to such account without responsibility for the correctness thereof.

BANK
NAME _____

CITY &
STATE _____

BANK ACCOUNT
NUMBER _____

Checking _____ }
Savings _____ } Please check one only. Amount: _____
NOW Acct _____ }

It is understood that this agreement may be terminated by me at any time by written notification to the Town of Wilbraham or BANK. Any such notification to the Town of Wilbraham shall be effective only with respect to entries initiated by the Town of Wilbraham after receipt of such notification and a reasonable opportunity to act upon it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

EMPLOYEE NAME (please print) _____

SIGNATURE _____ DATE _____

For Internal Use only:

Transit Routing Number _____